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CONFIRMATION NO. 5103

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
08/460,186	06/02/1995 RULE 1.60	536	1623	1331-138		
APPLICANTS REID VON BORSTEL, POTOMAC, MD; MICHAEL K. BAMAT, POTOMAC, MD;						
** CONTINUING DATA ***** This application is a DIV of 08/176,485 12/30/1993 PAT 5,736,531 which is a CIP of 08/061,381 05/14/1993 ABN which is a CIP of 07/903,107 06/25/1992 ABN which is a CIP of 07/724,340 07/05/1991 ABN which is a CIP of 07/438,493 06/26/1990 ABN which is a CIP of 07/115,929 10/28/1987 ABN and said 07/724,340 07/05/1991 is a CIP of 07/487,984 02/05/1990 ABN which is a CIP of 07/115,923 10/28/1987 ABN						
** FOREIGN APPLICATIONS *****						
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 07/11/1995						
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	STATE OR COUNTRY MD	SHEETS DRAWINGS	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 1
ADDRESS NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 UNITED STATES						
TITLE TREATMENT OF CHEMOTHERAPEUTIC AGENT AND ANTIVIRAL AGENT TOXICITY WITH ACYLATED PYRIMIDINE NUCLEOSIDES						
FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		